Date: May 6, 702
Your Name: Lili
Manuscript Title: Diagnostic value of puncture feeling combined with BRAF V600E mutation in
repeat US-FNA biopsy of Bethesda III thyroid nodules
Manuscript number (if known):

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

	NAME AREA PROPERTY.	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initia	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>✓</u> None	
3	Royalties or licenses	<u>√</u> None	
4	Consulting fees	None	

	lectures, presentations.	None	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>V</u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>✓</u> None	
13	Other financial or non- financial interests	<u> </u>	
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I declare	that	1	have	no	conflicts	$\circ f$	interest	to	this	work.	
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Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.



Date: May 6, 2021
Your Name: <u>Li Peipei</u>
Manuscript Title: Diagnostic value of puncture feeling combined with BRAF V600E mutation in
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3	Royalties or licenses	V_None	.76-
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4	Consulting fees	V_None	

5	Payment or honoraria for lectures, presentations,	None	E bh (A)
	speakers bureaus, manuscript writing or educational events		
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11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_V_None	
13	Other financial or non- financial interests		

I declare that I have no conflicts of interest to this work.

Please place an "X" next to the following statement to indicate your agreement:

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Date: May 6, 202
Your Name: Chen Xiao
Manuscript Title: Diagnostic value of puncture feeling combined with BRAF V600E mutation in
repeat US-FNA biopsy of Bethesda III thyroid nodules
Manuscript number (if known):

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4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus,	None	
	manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
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8	Patents planned, issued or pending	None	
9	Participation on a Data	None	TO STATE OF THE RESERVE AND ADDRESS OF THE PARTY OF THE P
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10	Leadership or fiduciary role	<u>√</u> None	
	in other board, society, committee or advocacy group, paid or unpaid	,	\
11	Stock or stock options	None	
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12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other services	,	
13	Other financial or non-	√None	
	financial interests		
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1	declare	that	1	have	no	conflicts	of	interest	to	this	work.

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Date: MAY 6, 2021
Your Name: Jose Jie
Manuscript Title: Diagnostic value of puncture feeling combined with BRAF V600E mutation in repeat US-FNA biopsy of Bethesda III thyroid nodules
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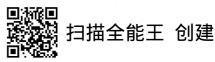
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Date: May 10, 200
Your Name: U (0. 14040) Manuscript Title: Diagnostic value of puncture feeling combined with BRAF V600E mutation in
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Payment for expert testimony	None	
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Patents planned, issued or pending	<u>√</u> None	
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Stock or stock options	<u>√</u> None	
naterials, drugs, medical vriting, gifts or other ervices	None	
ther financial or non- nancial interests	None	
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